

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 564105

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51		0	/		
2			/			52	/	/	/		
3						53		/	/		
4			/			54		2	/		
5			/			55	/	/	/		
6			/			56		/	/		
7			/			57	/	/	/		
8			/			58	/	/	/		
9			/			59	/	/	/		
10			/			60		/	/		
11			/			61					
12			/			62					
13			/			63					
14			/			64					
15			/			65					
16			/			66					
17			/			67					
18			/			68					
19			/			69					
20			/			70					
21			/			71					
22	/	/	/			72					
23		/	/			73					
24		/	/			74					
25		/	/			75					
26		/	/			76					
27		/	/			77					
28		/	/			78					
29		/	/			79					
30		/	/			80					
31		/	/			81					
32		/	/			82					
33		/	/			83					
34		/	/			84					
35		/	/			85					
36		/	/			86					
37	/	/	/			87					
38		/	/			88					
39		/	/			89					
40		/	/			90					
41		/	/			91					
42		/	/			92					
43		/	/			93					
44		/	/			94					
45		/	/			95					
46		/	/			96					
47		/	/			97					
48		/	/			98					
49		/	/			99					
50		/	/			100					
TOTAL IND.	↓	↓	↓	↓	↓	TOTAL IND.	↓	9	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	TOTAL DEP.	←	45	←	←	←
TOTAL CLAIMS						TOTAL CLAIMS		54			

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